TOWN OF SCITUATE

BOARD OF HEALTH



600 Chief Justice Cushing Hwy. Scituate, Massachusetts 02066 Telephone (781) 545-8725 Fax (781) 545-8704

To: Scituate Rubbish Removal Permit Holders

From: Scituate Board of Health

Date: October 31, 2016

Subject: 2017 Rubbish Removal Annual Permit Renewal

Dear Rubbish Removal Permit Holders,

Enclosed is your 2017 rubbish removal permit application form. In order to receive your 2017 permit, you will need to provide a complete application package, which includes: 1) completed application form, 2) the fee of \$100.00 per truck with a check made payable to the Town of Scituate, and 3) copies of your worker's compensation and liability insurance forms with the Town of Scituate listed as the certificate holder. Please provide your completed application package by December 1, 2016. You will need to have a valid Town of Scituate permit prior to initiation of work in 2017.

Should you have any questions, please contact my office at 781-545-8725.

Sincerely,

Jennifer Keefe

Director of Public Health

Jennylv Karfe

Scituate Board of Health

TOWN OF SCITUATE BOARD OF HEALTH



Permit#: _____

APPLICATION FOR PERMIT – RUBBISH REMOVAL FEE: \$100.00 PER TRUCK

Date:	New Application □	Renewal
n accordance with provisions of the Statues relating th	nereto, application for a permit is hereby ma	ade by:
Name (individual):		
Company Name (if different):		
Email Address:		
Address:		
Telephone Number:		
Truck Registration:		
DPU #:		
Pursuant to MGL CH 62c, SEC 19, I certify under the have filed all State Tax Returns and paid all State Tax Signature:	penalties of perjury that I, to the best of my ses required under the law.	knowledge and belief,
Social Security or Federal I.D.:		10.00
FEE: \$100/Truck:		
Worker's Comp Certificate:		
Insurance Liability Certificate:		
Reviewed by Director, Public Health: APPROVED I	□ DENIED: □	
OTHER/NOTES:		
Date Recieved:	Return to: Scituate Bo	
Check#:	600 Chief Justice Cushing Highway Scituate, MA 02066	